

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 680398

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** INDIAN RIVER HAND REHABILITATION, INC.

**Current Principal Place of Business:**

787 37TH STREET STE E-110  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

787 37TH STREET STE E-110  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-2024727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, RALPH L  
3355 OCEAN DR.  
VERO BCH., FL 32963 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: EVANS, RALPH L  
Address: 1420 SHORELANDS DR., W.  
City-St-Zip: VERO BEACH, FL 32963

Title: DP  
Name: EVANS, ROSLYN B  
Address: 1420 SHORELANDS DR., W.  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RALPH L EVANS

DT

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date